

Medicaid Analytic eXtract Files (MAX) - 2005 and later PROTOTYPE
Inpatient Hospital Record (IP)

Changes are noted in pink

Data			Beginning	Ending
Element	Description	#Char Type	Position	Position
**** MAX Inpatient Hospital Record (IP)		807	1	807
*** Medicaid Eligibility Region		79	1	79
1	MSIS identification number	20 Char	1	20
2	State	2 Char	21	22
3	Social Security Number (SSN)	9 Char	23	31
4	Medicare HIC number	12 Char	32	43
5	Birth date	8 Num	44	51
6	Sex	1 Char	52	52
7	Race/ethnicity (from MSIS)	1 Char	53	53
8	Race - White (from MSIS)	1 Char	54	54
9	Race - Black/African-American (from MSIS)	1 Char	55	55
10	Race - American Indian/Alaska Native (from MSIS)	1 Char	56	56
11	Race - Asian (from MSIS)	1 Char	57	57
12	Race - Native Hawaiian/Other Pacific Islander (from MSIS)	1 Char	58	58
13	Ethnicity - Hispanic or Latino (from MSIS)	1 Char	59	59
14	State specific eligibility group - most recent	6 Char	60	65
15	State specific eligibility gp - month of service	6 Char	66	71
16	MAX eligibility group - most recent	2 Char	72	73
17	MAX eligibility group - month of service	2 Char	74	75
18	Missing eligibility data	1 Char	76	76
19	Crossover code (from claims only)	1 Num	77	77
20	Crossover code (annual)	2 Char	78	79
*** Utilization and Payment Summary Region		728	80	807
** Service Group		41	80	120
21	MSIS Type of Service (TOS)	2 Num	80	81
22	MSIS Type of Program (TOP)	1 Num	82	82
23	MAX Type of Service (TOS)	2 Num	83	84
24	Billing provider identification number	12 Char	85	96
25	National Provider Identifier [Available in MAX 2009 and later years.]	12 Char	97	108
26	Provider Taxonomy [Available in MAX 2009 and later years.]	12 Char	109	120
** Claims and Payment Group		72	121	192
27	Type of claim	1 Num	121	121
28	Adjustment code	1 Num	122	122
29	Managed care type of plan code	2 Num	123	124
30	Managed care plan identification code	12 Char	125	136
31	Medicaid payment amount	8 Num*	137	144
32	Third party payment amount	8 Num*	145	152
33	Payment/adjudication date	8 Num	153	160
34	Charge amount	8 Num*	161	168
35	Prepaid plan value	8 Num*	169	176
36	Medicare coinsurance payment amount	8 Num*	177	184
37	Medicare deductible payment amount	8 Num*	185	192
** Inpatient Hospital Group		615	193	807
38	Admission date	8 Num	193	200
39	Beginning date of service	8 Num	201	208
40	Ending date of service	8 Num	209	216
41	Principal diagnosis code	8 Char	217	224

**Medicaid Analytic eXtract Files (MAX) - 2005 and later PROTOTYPE
Inpatient Hospital Record (IP)**

Data Element	Description	#Char	Type	Beginning Position	Ending Position
	* Additional diagnoses codes	64		225	288
	8 repeating segments, diagnoses 2-9:				
42	Diagnosis code (2nd diagnosis)	8	Char	225	232
43	Principal procedure date	8	Num	289	296
44	Procedure code system - principal	2	Char	297	298
45	Principal procedure code	8	Char	299	306
	* Additional procedure codes	50		307	356
	5 repeating segments, procedures 2-6:				
46	Procedure code system (2nd procedure)	2	Char	307	308
47	Procedure code (2nd procedure)	8	Char	309	316
48	Delivery code	1	Num	357	357
49	Medicaid covered inpatient days	3	Num*	358	360
50	Patient status	2	Num	361	362
51	Diagnosis Related Group (DRG) indicator	4	Char	363	366
52	Diagnosis Related Group (DRG)	4	Num	367	370
	* UB-92 Revenue code group	437		371	807
	23 repeating segments				
53	UB-92 revenue code (1st segment)	4	Num	371	374
54	UB-92 revenue code charge (1st segment)	8	Num*	375	382
55	UB-92 revenue code units (1st segment)	7	Num	383	389

Data elements with type Num* are in zoned decimal (ZD) format for SAS users.

Medicaid Analytic eXtract Files (MAX) - 2005 and later PROTOTYPE
Prescription Drug Record (RX)
Changes are noted in pink

Data Element	Description	#Char	Type	Beginning Position	Ending Position
	**** MAX Prescription Drug Record (RX)	348		1	348
	*** Medicaid Eligibility Region	78		1	78
1	MSIS identification number	20	Char	1	20
2	State	2	Char	21	22
3	Social Security Number (SSN)	9	Char	23	31
4	Medicare HIC number	12	Char	32	43
5	Birth date	8	Num	44	51
6	Sex	1	Char	52	52
7	Race/ethnicity (from MSIS)	1	Char	53	53
8	Race - White (from MSIS)	1	Char	54	54
9	Race - Black/African-American (from MSIS)	1	Char	55	55
10	Race - American Indian/Alaska Native (from MSIS)	1	Char	56	56
11	Race - Asian (from MSIS)	1	Char	57	57
12	Race - Native Hawaiian/Other Pacific Islander (from MSIS)	1	Char	58	58
13	Ethnicity - Hispanic or Latino (from MSIS)	1	Char	59	59
14	State specific eligibility group - most recent	6	Char	60	65
15	State specific eligibility gp - month of service	6	Char	66	71
16	MAX eligibility group - most recent	2	Char	72	73
17	MAX eligibility group - month of service	2	Char	74	75
18	Missing eligibility data	1	Char	76	76
19	Crossover code (annual)	2	Char	77	78
	*** Utilization and Payment Summary Region	270		79	348
	** Service Group	41		79	119
20	MSIS Type of Service (TOS)	2	Num	79	80
21	MSIS Type of Program (TOP)	1	Num	81	81
22	MAX Type of Service (TOS)	2	Num	82	83
23	Billing provider identification number	12	Char	84	95
24	National Provider Identifier [Available in MAX 2009 and later years.]	12	Char	96	107
25	Provider Taxonomy [Available in MAX 2009 and later years.]	12	Char	108	119
	** Claims and Payment Group	72		120	191
26	Type of claim	1	Num	120	120
27	Adjustment code	1	Num	121	121
28	Managed care type of plan code	2	Num	122	123
29	Managed care plan identification code	12	Char	124	135
30	Medicaid payment amount	8	Num*	136	143
31	Third party payment amount	8	Num*	144	151
32	Payment/adjudication date	8	Num	152	159
33	Charge amount	8	Num*	160	167
34	Prepaid plan value	8	Num*	168	175
35	Medicare coinsurance payment amount	8	Num*	176	183
36	Medicare deductible payment amount	8	Num*	184	191
	** Prescription Drug Group	50		192	241
37	Prescribing physician identification number	12	Char	192	203
38	Prescribed date	8	Num	204	211
39	Prescription fill date	8	Num	212	219
40	New or refill indicator	2	Num	220	221
41	National Drug Code (NDC)	12	Char	222	233
42	Quantity of service	5	Num	234	238
43	Days supply	3	Num	239	241

Medicaid Analytic eXtract Files (MAX) - 2005 and later **PROTOTYPE**
 Prescription Drug Record (RX)

Data Element	Description	#Char	Type	Beginning Position	Ending Position
	* First Data Bank Group (Proprietary) Access is restricted to license holders	107		242	348
44	NDC Format	1	Char	242	242
45	Drug Class	1	Char	243	243
46	Multi Source Code	1	Char	244	244
47	HICL	54	Char	245	298
48	Therapeutic Class - Specific	3	Char	299	301
49	Therapeutic Class - Generic	2	Char	302	303
50	American Hospital Formulary code	6	Char	304	309
51	Smart Key	24	Char	310	333
52	Medispan code	14	Char	334	347
53	Over-the-counter indicator	1	Char	348	348

Data elements with type Num* are in zoned decimal (ZD) format for SAS users.

Medicaid Analytic eXtract Files (MAX) - 2005 and later **PROTOTYPE**

Other Services Record (OT)

Changes are noted in pink

Data

Element	Description	#Char	Type	Beginning Position	Ending Position
	**** MAX Other Services Record (OT)	265		1	265
	*** Medicaid Eligibility Region	79		1	79
1	MSIS identification number	20	Char	1	20
2	State	2	Char	21	22
3	Social Security Number (SSN)	9	Char	23	31
4	Medicare HIC number	12	Char	32	43
5	Birth date	8	Num	44	51
6	Sex	1	Char	52	52
7	Race/ethnicity (from MSIS)	1	Char	53	53
8	Race - White (from MSIS)	1	Char	54	54
9	Race - Black/African-American (from MSIS)	1	Char	55	55
10	Race - American Indian/Alaska Native (from MSIS)	1	Char	56	56
11	Race - Asian (from MSIS)	1	Char	57	57
12	Race - Native Hawaiian/Other Pacific Islander (from MSIS)	1	Char	58	58
13	Ethnicity - Hispanic or Latino (from MSIS)	1	Char	59	59
14	State specific eligibility group - most recent	6	Char	60	65
15	State specific eligibility gp - month of service	6	Char	66	71
16	MAX eligibility group - most recent	2	Char	72	73
17	MAX eligibility group - month of service	2	Char	74	75
18	Missing eligibility data	1	Char	76	76
19	Crossover code (from claims only)	1	Num	77	77
20	Crossover code (annual)	2	Char	78	79
	*** Utilization and Payment Summary Region	186		80	265
	** Service Group	43		80	122
21	MSIS Type of Service (TOS)	2	Num	80	81
22	MSIS Type of Program (TOP)	1	Num	82	82
23	MAX Type of Service (TOS)	2	Num	83	84
24	Community-based long-term care (CLTC) flag	2	Char	85	86
25	Billing provider identification number	12	Char	87	98
26	National Provider Identifier [Available in MAX 2009 and later years.]	12	Char	99	110
27	Provider Taxonomy [Available in MAX 2009 and later years.]	12	Char	111	122
	** Claims and Payment Group	72		123	194
28	Type of claim	1	Num	123	123
29	Adjustment code	1	Num	124	124
30	Managed care type of plan code	2	Num	125	126
31	Managed care plan identification code	12	Char	127	138
32	Medicaid payment amount	8	Num*	139	146
33	Third party payment amount	8	Num*	147	154
34	Payment/adjudication date	8	Num	155	162
35	Charge amount	8	Num*	163	170
36	Prepaid plan value	8	Num*	171	178
37	Medicare coinsurance payment amount	8	Num*	179	186
38	Medicare deductible payment amount	8	Num*	187	194
	** Other Services Group	71		195	265
39	Beginning date of service	8	Num	195	202
40	Ending date of service	8	Num	203	210
41	Procedure (service) coding system	2	Char	211	212
42	Procedure (service) code	8	Char	213	220
43	Procedure (service) code modifier	2	Char	221	222

**Medicaid Analytic eXtract Files (MAX) - 2005 and later PROTOTYPE
Other Services Record (OT)**

Data Element	Description	#Char	Type	Beginning Position	Ending Position
44	Diagnosis code 1	8	Char	223	230
45	Diagnosis code 2	8	Char	231	238
46	Quantity of service	5	Num	239	243
47	Servicing provider identification number	12	Char	244	255
48	Servicing provider specialty code	4	Char	256	259
49	Place of service	2	Num	260	261
50	UB-92 revenue code	4	Num	262	265

Data elements with type Num* are in zoned decimal (ZD) format for SAS users.

Medicaid Analytic eXtract Files (MAX) - 2005 and later PROTOTYPE
Institutional Long Term Care Record (LT)
Changes are noted in pink

Data Element	Description	#Char	Type	Beginning Position	Ending Position
	**** MAX Institutional Long Term Care Record (LT)	281		1	281
	*** Medicaid Eligibility Region	79		1	79
1	MSIS identification number	20	Char	1	20
2	State	2	Char	21	22
3	Social Security Number (SSN)	9	Char	23	31
4	Medicare HIC number	12	Char	32	43
5	Birth date	8	Num	44	51
6	Sex	1	Char	52	52
7	Race/ethnicity (from MSIS)	1	Char	53	53
8	Race - White (from MSIS)	1	Char	54	54
9	Race - Black/African-American (from MSIS)	1	Char	55	55
10	Race - American Indian/Alaska Native (from MSIS)	1	Char	56	56
11	Race - Asian (from MSIS)	1	Char	57	57
12	Race - Native Hawaiian/Other Pacific Islander (from MSI)	1	Char	58	58
13	Ethnicity - Hispanic or Latino (from MSIS)	1	Char	59	59
14	State specific eligibility group - most recent	6	Char	60	65
15	State specific eligibility gp - month of service	6	Char	66	71
16	MAX eligibility group - most recent	2	Char	72	73
17	MAX eligibility group - month of service	2	Char	74	75
18	Missing eligibility data	1	Char	76	76
19	Crossover code (from claims only)	1	Num	77	77
20	Crossover code (annual)	2	Char	78	79
	*** Utilization and Payment Summary Region	202		80	281
	** Service Group	41		80	120
21	MSIS Type of Service (TOS)	2	Num	80	81
22	MSIS Type of Program (TOP)	1	Num	82	82
23	MAX Type of Service (TOS)	2	Num	83	84
24	Billing provider identification number	12	Char	85	96
25	National Provider Identifier [Available in MAX 2009 and later years.]	12	Char	97	108
26	Provider Taxonomy [Available in MAX 2009 and later years.]	12	Char	109	120
	** Claims and Payment Group	72		121	192
27	Type of claim	1	Num	121	121
28	Adjustment code	1	Num	122	122
29	Managed care type of plan code	2	Num	123	124
30	Managed care plan identification code	12	Char	125	136
31	Medicaid payment amount	8	Num*	137	144
32	Third party payment amount	8	Num*	145	152
33	Payment/adjudication date	8	Num	153	160
34	Charge amount	8	Num*	161	168
35	Prepaid plan value	8	Num*	169	176
36	Medicare coinsurance payment amount	8	Num*	177	184
37	Medicare deductible payment amount	8	Num*	185	192
	** Institutional Long Term Care Group	89		193	281
38	Institutional long term care admission date	8	Num	193	200
39	Beginning date of service	8	Num	201	208
40	Ending date of service	8	Num	209	216

Medicaid Analytic eXtract Files (MAX) - 2005 and later **PROTOTYPE**
Institutional Long Term Care Record (LT)

Data Element	Description	#Char	Type	Beginning Position	Ending Position
	<i>* Diagnosis code group</i>	40		217	256
	<i>5 repeating segments, diagnoses 1-5</i>				
41	Diagnosis code (1st diagnosis)	8	Char	217	224
42	Mental hospital for the aged days	3	Num*	257	259
43	Inpatient Psychiatric (age < 21) days	3	Num*	260	262
44	ICF-MR days	3	Num*	263	265
45	Nursing facility days	3	Num*	266	268
46	Leave days	3	Num*	269	271
47	Patient status (including discharge status)	2	Num	272	273
48	Patient liability amount	8	Num*	274	281

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Medicaid Analytic eXtract Files (MAX) - 2005 and later - **PROTOTYPE**
 Person Summary File (PS) - With Medicare EDB Elements

Changes are noted in pink

Data Element	Description	#Char	Type	Beginning Position	Ending Position
	****MAX Person Summary Record (PS)	2895		1	2895
	*** Eligible Summary Region	1175		1	1175
	** Eligible Identifying Group	81		1	81
1	MSIS identification number	20	Char	1	20
2	State	2	Char	21	22
3	Year	4	Num	23	26
4	Social Security Number (SSN) (from MSIS)	9	Char	27	35
5	SSN (from MSIS) High Group Test	1	Char	36	36
6	Social Security Number (SSN) from external source	9	Char	37	45
7	External Social Security Number (SSN) source	1	Char	46	46
8	Case number	12	Char	47	58
9	Medicare HIC number (from MSIS)	12	Char	59	70
10	Medicare HIC number (from Medicare EDB)	11	Char	71	81
	** Eligible Demographic Group	45		82	126
11	Date of birth	8	Num	82	89
12	Age group	1	Num	90	90
13	Sex	1	Char	91	91
14	Race/ethnicity (from MSIS)	1	Char	92	92
15	Race - White (from MSIS)	1	Char	93	93
16	Race - Black/African-American (from MSIS)	1	Char	94	94
17	Race - American Indian/Alaska Native (from MSIS)	1	Char	95	95
18	Race - Asian (from MSIS)	1	Char	96	96
19	Race - Native Hawaiian/Other Pacific Islander (from MSIS)	1	Char	97	97
20	Ethnicity - Hispanic or Latino (from MSIS)	1	Char	98	98
21	Race/ethnicity (from Medicare EDB)	1	Char	99	99
22	Medicare language code (from Medicare EDB)	1	Char	100	100
23	Sex/race	1	Num	101	101
24	Date of death (from MSIS)	8	Num	102	109
25	Date of death (from Medicare EDB)	8	Num	110	117
26	Day of death verified (from Medicare EDB)	1	Char	118	118
27	County of residence	3	Char	119	121
28	Zip code of residence	5	Num	122	126
	** Annual Eligibility Group	13		127	139
29	State specific eligibility - most recent	6	Char	127	132
30	MAX eligibility - most recent	2	Char	133	134
31	Missing eligibility data	1	Char	135	135
32	Eligible months	2	Num	136	137
33	Private insurance months	2	Num	138	139
	** Medicare Crossover (Dual) Eligibility	10		140	149
34	Crossover code (annual)	2	Char	140	141
	* Quarterly Crossover (Dual) Eligibility	8		142	149
35	Quarterly crossover code (1st segment - Quarter 1)	2	Char	142	143
36	Medicare beneficiary months (from Medicare EDB)	2	Num	150	151
37	Medicare original entitlement reason (from Medicare EDB)	1	Num	152	152
	** Monthly Medicare Crossover (Dual) Eligibility	24		153	176
38	Crossover code (1st segment - January) [Available in MAX 2006 and later years.]	2	Char	153	154

Medicaid Analytic eXtract Files (MAX) - 2005 and later - PROTOTYPE
Person Summary File (PS) - With Medicare EDB Elements

Data Element	Description	#Char	Type	Beginning Position	Ending Position
	** Monthly State Specific Eligibility	72		177	248
39	State specific eligibility group (1st segment - January)	6	Char	177	182
	** Monthly MAX Eligibility	24		249	272
40	MAX eligibility group (1st segment - January)	2	Char	249	250
	** Monthly Private Health Insurance	12		273	284
41	Private health insurance group (1st segment - January)	1	Num	273	273
	** Monthly Medicare Beneficiary (From Medicare EDB)	12		285	296
42	Medicare beneficiary (1st segment - January)	1	Num	285	285
	** Prepaid Plan Months Group	14		297	310
	<i>7 repeating segments, by type of prepaid plan</i>				
43	Prepaid plan months (1st segment - comprehensive plans)	2	Num	297	298
	** Monthly Prepaid Plan Enrollment	672		311	982
44	Prepaid plan type-1 (1st segment - January)	2	Num	311	312
45	Prepaid plan identifier-1 (1st segment - January)	12	Char	313	324
46	Prepaid plan type-2 (1st segment - January)	2	Num	325	326
47	Prepaid plan identifier-2 (1st segment - January)	12	Char	327	338
48	Prepaid plan type-3 (1st segment - January)	2	Num	339	340
49	Prepaid plan identifier-3 (1st segment - January)	12	Char	341	352
50	Prepaid plan type-4 (1st segment - January)	2	Num	353	354
51	Prepaid plan identifier-4 (1st segment - January)	12	Char	355	366
	** Monthly Managed Care Combinations Group	24		983	1006
52	Managed care combinations (1st segment - January)	2	Num	983	984
	** Monthly Days of Eligibility Group	24		1007	1030
53	Days of eligibility (1st segment - January)	2	Num	1007	1008
	** Monthly TANF Cash Eligibility Group	12		1031	1042
54	TANF cash eligibility (1st segment - January)	1	Num	1031	1031
	** Monthly Restricted Benefits Group	12		1043	1054
55	Restricted benefits (1st segment - January)	1	Char	1043	1043
	** Monthly SCHIP Eligibility Group	12		1055	1066
56	SCHIP eligibility (1st segment - January)	1	Num	1055	1055
	** Monthly Medicaid Waiver Group	108		1067	1174
57	MAX Waiver Type Code -1 (1st segment - January)	1	Char	1067	1067
58	Waiver ID-1 (1st segment - January)	2	Char	1068	1069
59	MAX Waiver Type Code -2 (1st segment - January)	1	Char	1070	1070
60	Waiver ID-2 (1st segment - January)	2	Char	1071	1072
61	MAX Waiver Type Code -3 (1st segment - January)	1	Char	1073	1073
62	Waiver ID-3 (1st segment - January)	2	Char	1074	1075
	** Annual 1915(c) Waiver Enrollment	1		1175	1175
63	Annual 1915(c) MAX Waiver Type - most recent	1	Char	1175	1175

Medicaid Analytic eXtract Files (MAX) - 2005 and later - PROTOTYPE
Person Summary File (PS) - With Medicare EDB Elements

Data Element	Description	#Char	Type	Beginning Position	Ending Position
	*** Recipient Claims Summary Region	1720		1176	2895
64	Recipient indicator	1	Char	1176	1176
	** Inpatient Hospital (IP) Utilization Summary	18		1177	1194
65	IP discharges	3	Num*	1177	1179
66	IP stays	3	Num*	1180	1182
67	Length of Stay (LOS) - for discharges	3	Num*	1183	1185
68	Length of Stay (LOS) - for stays	3	Num*	1186	1188
69	Covered days - for discharges	3	Num*	1189	1191
70	Covered days - for stays	3	Num*	1192	1194
	** Institutional Long Term Care (LT) Utilization Summary	15		1195	1209
71	Mental hospital covered days	3	Num*	1195	1197
72	Inpatient psych (age < 21) covered days	3	Num*	1198	1200
73	ICF/MR covered days	3	Num*	1201	1203
74	Nursing facility covered days	3	Num*	1204	1206
75	Total LT covered days	3	Num*	1207	1209
	** Claims Payment Summary	60		1210	1269
76	Total record count (sum of data elements #77-79)	5	Num*	1210	1214
77	Fee-for-service claim count	5	Num*	1215	1219
78	Premium payment claim count	5	Num*	1220	1224
79	Encounter record count	5	Num*	1225	1229
80	Total Medicaid payment amount	8	Num*	1230	1237
81	Fee-for-service Medicaid payment amount	8	Num*	1238	1245
82	Premium payment Medicaid payment amount	8	Num*	1246	1253
83	Charge amount	8	Num*	1254	1261
84	Third party payment amount	8	Num*	1262	1269
	** Program Type Summary Group	330		1270	1599
	6 repeating segments, by program type				
85	Inpatient hospital records (1st segment - family planning)	3	Num	1270	1272
86	Inpatient hospital payments (1st segment - family planning)	8	Num*	1273	1280
87	Institutional long term care records (1st segment - family planning)	3	Num	1281	1283
88	Institutional long term care payments (1st segment - family planning)	8	Num*	1284	1291
89	Other service records (1st segment - family planning)	3	Num	1292	1294
90	Other service payments (1st segment - family planning)	8	Num*	1295	1302
91	Prescription drug records (1st segment - family planning)	3	Num	1303	1305
92	Prescription drug payments (1st segment - family planning)	8	Num*	1306	1313
93	Total records (1st segment - family planning)	3	Num	1314	1316
94	Total payments (1st segment - family planning)	8	Num*	1317	1324
	** Delivery Summary	1		1600	1600
95	Delivery code	1	Num	1600	1600

Medicaid Analytic eXtract Files (MAX) - 2005 and later - **PROTOTYPE**
 Person Summary File (PS) - With Medicare EDB Elements

Data Element	Description	#Char	Type	Beginning Position	Ending Position
	** Type of Service Summary	1085		1601	2685
	31 repeating segments, by MAX Type of Service				
96	Recipient indicator (1st segment - Inpatient hospital)	1	Char	1601	1601
97	Claim count (1st segment - Inpatient hospital)	5	Num*	1602	1606
98	Medicaid payment amount (1st segment - Inpatient hospital)	8	Num*	1607	1614
99	Charge amount (1st segment - Inpatient hospital)	8	Num*	1615	1622
100	Third party payment amount (1st segment - Inpatient hospital)	8	Num*	1623	1630
101	Encounter record count (1st segment - Inpatient hospital)	5	Num	1631	1635
	** Community-Based Long-Term Care Expenditure Summary	168		2686	2853
	21 repeating segments, by CLTC Indicator Code				
102	Medicaid payment amount (1st segment - Non-waiver personal care)	8	Num*	2686	2693
	** Premium Payment Data	42		2854	2895
	3 repeating segments, one for each of the MAX Types of Service for for capitated premium payments				
103	Premium payment indicator (1st segment - HMO/HIO plans)	1	Num	2854	2854
104	Premium payment records (1st segment - HMO/HIO plans)	5	Num*	2855	2859
105	Medicaid premium payments (1st segment - HMO/HIO plans)	8	Num*	2860	2867

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